

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CAROL PLATT FOR CONGRESS

ADDRESS (number and street)

4417 13TH STREET

BOX 172

☐ Check if different
than previously
reported. (ACC)

ST CLOUD

FL

34769

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00544635

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

FL

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2013

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas C Datwyler

Signature of Treasurer

Thomas C Datwyler

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

31

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

CAROL PLATT FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	71896.63	116355.57
(b) Total Contribution Refunds (from Line 20(d))	450.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	71446.63	115155.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	42109.42	67738.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	42109.42	67738.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	47418.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

CAROL PLATT FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

14440.40

48240.40

(ii) Unitemized.....

44985.41

49860.41

(iii) TOTAL of contributions from individuals ▶

59425.81

98100.81

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

1000.00

1000.00

(d) The Candidate.....

11470.82

17254.76

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

71896.63

116355.57

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.66

1.34

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

71897.29

116356.91

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	42109.42	67738.31
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	450.00	1200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	450.00	1200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	42559.42	68938.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18080.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	71897.29
25. SUBTOTAL (add Line 23 and Line 24).....	89978.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42559.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	47418.60

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Ron Avery

Mailing Address 9469 Waterford Oaks Drive

City

Winter Haven

State

FL

Zip Code

33884

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinnacle Express, Inc.

Occupation
Business Executive

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
10 29 2013

Transaction ID : SA11AI.4549

Amount of Each Receipt this Period

500.00

Primary Contribution

Full Name (Last, First, Middle Initial)

Kim Bellissimo

Mailing Address 1155 15th St NW
Ste 410

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
BMW Direct Inc

Occupation
CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
10 11 2013

Transaction ID : SA11AI.4492

Amount of Each Receipt this Period

250.00

Primary Contribution

Full Name (Last, First, Middle Initial)

John Bush

Mailing Address 651 Almeria Ave

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bush Realty

Occupation
CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
10 31 2013

Transaction ID : SA11AI.4554

Amount of Each Receipt this Period

250.00

Primary Contribution

SUBTOTAL of Receipts This Page (optional).....

1000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 41

(check only one)

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Daisy Cid			Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2013		
Mailing Address 2612 Cahokia Ct			Transaction ID : SA11AI.4557		
City	State	Zip Code			
Kissimmee	FL	34744			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 201.40		
Name of Employer ReMax Realty		Occupation Realtor	Primary Contribution		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 201.40			
B. Full Name (Last, First, Middle Initial) Michelle Clark			Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2013		
Mailing Address 1998 Shadow Oaks Road			Transaction ID : SA11AI.4669		
City	State	Zip Code			
Kissimmee	FL	34744			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00		
Name of Employer Clark Properties, Inc.		Occupation Realtor	Primary Contribution		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00			
C. Full Name (Last, First, Middle Initial) David Evans			Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2013		
Mailing Address PO Box 620460			Transaction ID : SA11AI.4488		
City	State	Zip Code			
Oviedo	FL	32762			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00		
Name of Employer Maury Carter and Associates		Occupation Realtor	Primary Contribution		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			
SUBTOTAL of Receipts This Page (optional).....			1201.40		
TOTAL This Period (last page this line number only).....					

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) MS WELENE W GOLLER		Date of Receipt M M / D D / Y Y Y Y 12 / 06 / 2013	
Mailing Address 4920 SENTINEL DR APT 403		Transaction ID : SA11AI.5921	
City BETHESDA	State MD	Zip Code 20816	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
B. Full Name (Last, First, Middle Initial) Patricia Heffner		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 1818 Admiral Court		Transaction ID : SA11AI.4628	
City Kissimmee	State FL	Zip Code 34744	Amount of Each Receipt this Period _____ 250.00 Primary Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Osceola County	Occupation Tax Collector		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
C. Full Name (Last, First, Middle Initial) MR DONALD RAY HEMBRE		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2013	
Mailing Address 8191 SOUTHPARK LN UNIT 210		Transaction ID : SA11AI.6336	
City LITTLETON	State CO	Zip Code 80120	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation GEOLOGIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 750.00	
TOTAL This Period (last page this line number only).....		_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Reginald Holt			Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2013		
Mailing Address 1817 Laurel Glen Cv			Transaction ID : SA11AI.4636		
City Lakeland	State FL	Zip Code 33803	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			Primary Contribution		
Name of Employer Farm Credit of Central Florida		Occupation Banker			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00			
B. Full Name (Last, First, Middle Initial) Derrick Koger			Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2013		
Mailing Address 1661 Loralyn Trust			Transaction ID : SA11AI.4600		
City Kissimmee	State FL	Zip Code 34744	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Primary Contribution		
Name of Employer Self-Employed		Occupation Real Estate Developer			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			
C. Full Name (Last, First, Middle Initial) MR KENNETH KOHLENBERG			Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2013		
Mailing Address 2825 OUTLOOK RD			Transaction ID : SA11AI.6338		
City MONTROSE	State CO	Zip Code 81401	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer None		Occupation Retired			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			
SUBTOTAL of Receipts This Page (optional)			1750.00		
TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Craig Lynch

Mailing Address PO Box 450669

City

Kissimmee

State

FL

Zip Code

34745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M / D D / Y Y Y Y
10 23 2013

Transaction ID : SA11AI.4534

Amount of Each Receipt this Period

400.00

Primary Contribution

Full Name (Last, First, Middle Initial)

Janet Manzo

Mailing Address 2218 Eagles Landing Way

City

Kissimmee

State

FL

Zip Code

34744

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
11 20 2013

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period

250.00

Primary Contribution

Full Name (Last, First, Middle Initial)

MR R TORRENCE MARTIN

Mailing Address 9 DIAMOND DR

City

KEY WEST

State

FL

Zip Code

33040

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
11 26 2013

Transaction ID : SA11AI.5255

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mary Lou McFadden

Mailing Address 1219 Ayrshire Street

City

Orlando

State

FL

Zip Code

32803

FEC ID number of contributing
federal political committee.

C

Name of Employer

State Farm

Occupation

Insurance Sales

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2013

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period

500.00

Primary Contribution

Full Name (Last, First, Middle Initial)

B. Douglas Miller

Mailing Address 7621 Arlen Street

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		11		2013

Transaction ID : SA11AI.4490

Amount of Each Receipt this Period

250.00

Primary Contribution

Full Name (Last, First, Middle Initial)

C. Phillip Owen

Mailing Address 1509 Sunset Pointe Place

City

Kissimmee

State

FL

Zip Code

34744

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		04		2013

Transaction ID : SA11AI.4587

Amount of Each Receipt this Period

250.00

Primary Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Bennie Platt

Mailing Address PO Box 347

City

Zolfo

State

FL

Zip Code

33890

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Rancher

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2013

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period

200.00

Primary Contribution

Full Name (Last, First, Middle Initial)

Bennie Platt

Mailing Address PO Box 347

City

Zolfo

State

FL

Zip Code

33890

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Rancher

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1414.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period

214.00

Primary Contribution

Full Name (Last, First, Middle Initial)

Bennie Platt

Mailing Address PO Box 347

City

Zolfo

State

FL

Zip Code

33890

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Rancher

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1514.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : SA11AI.4644

Amount of Each Receipt this Period

100.00

Primary Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

514.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Gina Rice

Mailing Address 4738 Montreux Road

City

Warrenton

State

VA

Zip Code

20187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
10 29 2013

Transaction ID : SA11AI.4551

Amount of Each Receipt this Period

500.00

Primary Contribution

Full Name (Last, First, Middle Initial)

MR ROBERT RUST

Mailing Address 6670 RIVIERA DR

City

CORAL GABLES

State

FL

Zip Code

33146

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
12 09 2013

Transaction ID : SA11AI.6209

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Paul Senft

Mailing Address 1910 Peninsular Drive

City

Haines City

State

FL

Zip Code

33844

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
11 20 2013

Transaction ID : SA11AI.4626

Amount of Each Receipt this Period

250.00

Primary Contribution

SUBTOTAL of Receipts This Page (optional).....

1250.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Adrienne Snively

Mailing Address 624 Avenue D SE

City

Winter Haven

State

FL

Zip Code

33880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Realtor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
10 31 2013

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period

500.00

Primary Contribution

Full Name (Last, First, Middle Initial)

MR WILLIAM B SNYDER

Mailing Address 555 5TH AVE NE PH 2

City

SAINT PETERSBURG

State

FL

Zip Code

33701

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
12 03 2013

Transaction ID : SA11AI.5666

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR LAWRENCE STILES

Mailing Address 1505 N CAROLWOOD BLVD

City

CASSELBERRY

State

FL

Zip Code

32730

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
12 03 2013

Transaction ID : SA11AI.5664

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

1500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Leonard Thompson

Mailing Address 6815 Old Melbourne Hwy

City

St. Cloud

State

FL

Zip Code

34771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Minister

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Transaction ID : SA11AI.4480

Amount of Each Receipt this Period

250.00

Primary Contribution

Full Name (Last, First, Middle Initial)

Nadine Toomey

Mailing Address 1505 Regal Cove Blvd

City

Kissimmee

State

FL

Zip Code

34744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2013

Transaction ID : SA11AI.4519

Amount of Each Receipt this Period

250.00

Primary Contribution

Full Name (Last, First, Middle Initial)

MIKE TOWNSEND

Mailing Address 27120 FLAMINGO DR

City

BONITA SPRINGS

State

FL

Zip Code

34135

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

Transaction ID : SA11AI.6655

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mayellen Whaley		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 4100 Kissimmee Park Road		Transaction ID : SA11AI.4630	
City St. Cloud	State FL	Zip Code 34772	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
B. Full Name (Last, First, Middle Initial) Jacob Wilson		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 200 Airport Drive		Transaction ID : SA11AI.4719	
City Frostproof	State FL	Zip Code 33843	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Self-Employed	Occupation Welder		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		
C. Full Name (Last, First, Middle Initial) Mary Ruth Wilson		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 200 Airport Road		Transaction ID : SA11AI.4721	
City Frostproof	State FL	Zip Code 33843	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer None	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....		825.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

James Yonkers

Mailing Address 2308 Ocean Point Drive

City

Wilmington

State

NC

Zip Code

28405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Real Estate Developer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2013

Transaction ID : SA11Al.4598

Amount of Each Receipt this Period

2000.00

Primary Contribution

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

14440.40

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)
 NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

A. Mailing Address 9110 EAST NICHOLS AVENUE

City State Zip Code
 CENTENNIAL CO 80112

FEC ID number of contributing
federal political committee.

C C00028787

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 10 11 2013

Transaction ID : SA11C.4494

Amount of Each Receipt this Period

1000.00

Primary Contribution

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		01		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
10		01		2013									
Mailing Address PO BOX 172		Transaction ID : SA11D.4702											
City ST CLOUD	State FL	Zip Code 34772											
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>260.00</td> </tr> </table>						260.00					
				260.00									
Name of Employer Carol Platt For Congress	Occupation Candidate												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>6043.94</td> </tr> </table>							6043.94					
				6043.94									
B. Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>10</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		10		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
10		10		2013									
Mailing Address PO BOX 172		Transaction ID : SA11D.4459											
City ST CLOUD	State FL	Zip Code 34772											
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>707.61</td> </tr> </table>						707.61					
				707.61									
Name of Employer Carol Platt For Congress	Occupation Candidate												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>6751.55</td> </tr> </table>							6751.55					
				6751.55									
C. Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>13</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		13		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
10		13		2013									
Mailing Address PO BOX 172		Transaction ID : SA11D.4502											
City ST CLOUD	State FL	Zip Code 34772											
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>34.00</td> </tr> </table>						34.00					
				34.00									
Name of Employer Carol Platt For Congress	Occupation Candidate												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>6785.55</td> </tr> </table>							6785.55					
				6785.55									
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>1001.61</td> </tr> </table>						1001.61					
				1001.61									
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2013	
Mailing Address PO BOX 172		Transaction ID : SA11D.4538	
City ST CLOUD	State FL	Zip Code 34772	
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period 629.19	
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7414.74		
B. Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2013	
Mailing Address PO BOX 172		Transaction ID : SA11D.4595	
City ST CLOUD	State FL	Zip Code 34772	
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period 2000.00	
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 9414.74		
C. Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2013	
Mailing Address PO BOX 172		Transaction ID : SA11D.4615	
City ST CLOUD	State FL	Zip Code 34772	
FEC ID number of contributing federal political committee. C H4FL09083		Amount of Each Receipt this Period 657.68	
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10072.42		
SUBTOTAL of Receipts This Page (optional).....		3286.87	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
CAROL PLATT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2013	
Mailing Address PO BOX 172		Transaction ID : SA11D.4704	
City ST CLOUD	State FL	Zip Code 34772	Amount of Each Receipt this Period 200.00 In-kind - Office Supplies
FEC ID number of contributing federal political committee. C H4FL09083			
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10272.42		
B. Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2013	
Mailing Address PO BOX 172		Transaction ID : SA11D.7086	
City ST CLOUD	State FL	Zip Code 34772	Amount of Each Receipt this Period 1107.00 In-kind - Office Rent
FEC ID number of contributing federal political committee. C H4FL09083			
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 11379.42		
C. Full Name (Last, First, Middle Initial) CAROL PLATT		Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2013	
Mailing Address PO BOX 172		Transaction ID : SA11D.7088	
City ST CLOUD	State FL	Zip Code 34772	Amount of Each Receipt this Period 297.81 In-kind - Lodging
FEC ID number of contributing federal political committee. C H4FL09083			
Name of Employer Carol Platt For Congress	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 11677.23		
SUBTOTAL of Receipts This Page (optional).....		1604.81	
TOTAL This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

CAROL PLATT**A.**

Mailing Address PO BOX 172

City

ST CLOUD

State

FL

Zip Code

34772

FEC ID number of contributing
federal political committee.**C** H4FL09083

Name of Employer

Carol Platt For Congress

Occupation

Candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

15177.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : SA11D.4672

Amount of Each Receipt this Period

3500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

CAROL PLATT**B.**

Mailing Address PO BOX 172

City

ST CLOUD

State

FL

Zip Code

34772

FEC ID number of contributing
federal political committee.**C** H4FL09083

Name of Employer

Carol Platt For Congress

Occupation

Candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

15517.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2013

Transaction ID : SA11D.4700

Amount of Each Receipt this Period

340.00

In-kind - Event Registration

Full Name (Last, First, Middle Initial)

CAROL PLATT**C.**

Mailing Address PO BOX 172

City

ST CLOUD

State

FL

Zip Code

34772

FEC ID number of contributing
federal political committee.**C** H4FL09083

Name of Employer

Carol Platt For Congress

Occupation

Candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

17254.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : SA11D.7082

Amount of Each Receipt this Period

1737.53

In-kind - Airfare

SUBTOTAL of Receipts This Page (optional).....

5577.53

TOTAL This Period (last page this line number only).....

11470.82

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Big House Multimedia

Mailing Address 8202 NW 14 Street

City State Zip Code
Doral FL 33126

Purpose of Disbursement
Printing

001

Category/
Type

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M / D D / Y Y Y Y
11 / 04 / 2013

Amount of Each Disbursement this Period

149.27

Transaction ID : SB17.4606

B. Big House Multimedia

Mailing Address 8202 NW 14 Street

City State Zip Code
Doral FL 33126

Purpose of Disbursement
Printing

001

Category/
Type

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M / D D / Y Y Y Y
11 / 14 / 2013

Amount of Each Disbursement this Period

142.80

Transaction ID : SB17.4597

c. Big House Multimedia

Mailing Address 8202 NW 14 Street

City State Zip Code
Doral FL 33126

Purpose of Disbursement
Printing

001

Category/
Type

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M / D D / Y Y Y Y
12 / 18 / 2013

Amount of Each Disbursement this Period

32.00

Transaction ID : SB17.4699

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

324.07

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Budget PrintingMailing Address 4152 W. Blue Heron Blvd.
#109City State Zip Code
Riviera Beach FL 33404Purpose of Disbursement
Printing and Copying

001

Category/
Type

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

Amount of Each Disbursement this Period

1096.45

Transaction ID : SB17.4613

B. Creative Direct

Mailing Address 25 E. Main Street

City State Zip Code
Richmond VA 23219Purpose of Disbursement
Printing/ Office Supplies

001

Category/
Type

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2013

Amount of Each Disbursement this Period

2475.00

Transaction ID : SB17.4412

c. Creative Direct

Mailing Address 25 E. Main Street

City State Zip Code
Richmond VA 23219Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2013

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.4604

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4221.45

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Thomas C Datwyler

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2013

Mailing Address 3365 Cherry LN
Unit D

City Woodbury State MN Zip Code 55129

Purpose of Disbursement
Accounting and Reporting

001

Amount of Each Disbursement this Period

704.00

Transaction ID : SB17.4434

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

B. Thomas C Datwyler

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2013

Mailing Address 3365 Cherry LN
Unit D

City Woodbury State MN Zip Code 55129

Purpose of Disbursement
Accounting and Reporting

001

Amount of Each Disbursement this Period

951.00

Transaction ID : SB17.4508

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

c. Thomas C Datwyler

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

Mailing Address 3365 Cherry LN
Unit D

City Woodbury State MN Zip Code 55129

Purpose of Disbursement
Accounting and Reporting

001

Amount of Each Disbursement this Period

335.00

Transaction ID : SB17.4584

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1990.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Thomas C DatwylerMailing Address 3365 Cherry LN
Unit D

City Woodbury State MN Zip Code 55129

Purpose of Disbursement
Accounting and Reporting

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

Amount of Each Disbursement this Period

265.00

Transaction ID : SB17.4611

B. Thomas C DatwylerMailing Address 3365 Cherry LN
Unit D

City Woodbury State MN Zip Code 55129

Purpose of Disbursement
Accounting and Reporting

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2013

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4670

c. Thomas C DatwylerMailing Address 3365 Cherry LN
Unit D

City Woodbury State MN Zip Code 55129

Purpose of Disbursement
Expense Reimbursement

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2013

Amount of Each Disbursement this Period

24.84

Transaction ID : SB17.4689

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

589.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. United States Post Office

Mailing Address 7595 Currell Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2013

City	State	Zip Code
Woodbury	MN	55125

Amount of Each Disbursement this Period

24.84

Purpose of Disbursement
Stamps

001

Transaction ID : SB17.4689.0

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type**[MEMO ITEM]**

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

B. Thomas C DatwylerMailing Address 3365 Cherry LN
Unit D

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2013

City	State	Zip Code
Woodbury	MN	55129

Amount of Each Disbursement this Period

425.00

Purpose of Disbursement
Expense Reimbursement

001

Transaction ID : SB17.4690

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

c. FedEx

Mailing Address 1210 12th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2013

City	State	Zip Code
St. Cloud	FL	34769

Amount of Each Disbursement this Period

10.33

Purpose of Disbursement
Shipping

001

Transaction ID : SB17.4529

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

435.33

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. First Virginia Community Bank

Mailing Address 11325 Random Hillas Road

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement
Bank Fees

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2013

Amount of Each Disbursement this Period

199.00

Transaction ID : SB17.4739

B. Florida Chamber Foundation

Mailing Address 136 S. Bronough Street

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement
Event Registration

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2013

Amount of Each Disbursement this Period

475.00

Transaction ID : SB17.4464

c. San Pedro KatherineMailing Address 6810 SW 45 Lane
Unit D

City	State	Zip Code
Miami	FL	33155

Purpose of Disbursement
Management Consulting

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2013

Amount of Each Disbursement this Period

4300.00

Transaction ID : SB17.4415

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4974.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. San Pedro KatherineMailing Address 6810 SW 45 Lane
Unit DCity State Zip Code
Miami FL 33155Purpose of Disbursement
Expense Reimbursement

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2013

Amount of Each Disbursement this Period

51.00

Transaction ID : SB17.4461

B. San Pedro KatherineMailing Address 6810 SW 45 Lane
Unit DCity State Zip Code
Miami FL 33155Purpose of Disbursement
Management Consulting

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

Amount of Each Disbursement this Period

4500.00

Transaction ID : SB17.4585

c. San Pedro KatherineMailing Address 6810 SW 45 Lane
Unit DCity State Zip Code
Miami FL 33155Purpose of Disbursement
Expense Reimbursement

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

Amount of Each Disbursement this Period

134.07

Transaction ID : SB17.4617

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4685.07

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. San Pedro KatherineMailing Address 6810 SW 45 Lane
Unit DCity State Zip Code
Miami FL 33155Purpose of Disbursement
Management Consulting

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2013

Amount of Each Disbursement this Period

4700.00

Transaction ID : SB17.4666

B. San Pedro KatherineMailing Address 6810 SW 45 Lane
Unit DCity State Zip Code
Miami FL 33155Purpose of Disbursement
Expense Reimbursement

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2013

Amount of Each Disbursement this Period

92.75

Transaction ID : SB17.4693

c. Shane Maloy

Mailing Address 4875 Gabriella Lane

City State Zip Code
Oviedo FL 32765Purpose of Disbursement
Media Consulting

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2013

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4414

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5192.75

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Shane Maloy

Mailing Address 4875 Gabriella Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

City	State	Zip Code
Oviedo	FL	32765

Purpose of Disbursement
Media Consulting

001

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4456

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

B. Shane Maloy

Mailing Address 4875 Gabriella Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

City	State	Zip Code
Oviedo	FL	32765

Purpose of Disbursement
Media Consulting

001

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.4543

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

c. Shane Maloy

Mailing Address 4875 Gabriella Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

City	State	Zip Code
Oviedo	FL	32765

Purpose of Disbursement
Media Consulting

001

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4612

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1800.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. OneBox

Mailing Address 6922 Hollywood Blvd

City	State	Zip Code
Los Angeles	CA	90028

Purpose of Disbursement
Phones

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2013

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.4596

B. OneBox

Mailing Address 6922 Hollywood Blvd

City	State	Zip Code
Los Angeles	CA	90028

Purpose of Disbursement
Phones

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2013

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.4696

c. OnPoint National ResearchMailing Address 2910 Kerry Forest Pkwy
#D4-166

City	State	Zip Code
Tallahassee	FL	32309

Purpose of Disbursement
Political Consulting

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2013

Amount of Each Disbursement this Period

3800.00

Transaction ID : SB17.4496

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3899.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. OnPoint National ResearchMailing Address 2910 Kerry Forest Pkwy
#D4-166

City Tallahassee State FL Zip Code 32309

Purpose of Disbursement
Expense Reimbursement

001

Category/
Type

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2013

Amount of Each Disbursement this Period

323.18

Transaction ID : SB17.4498

B. Hilton

Mailing Address 2399 Jefferson Davis Hwy

City Arlington State VA Zip Code 22202

Purpose of Disbursement
LodgingCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2013

Amount of Each Disbursement this Period

323.18

Transaction ID : SB17.4498.0

[MEMO ITEM]

c. OnPoint National ResearchMailing Address 2910 Kerry Forest Pkwy
#D4-166

City Tallahassee State FL Zip Code 32309

Purpose of Disbursement
Political Consulting

001

Category/
Type

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2013

Amount of Each Disbursement this Period

1900.00

Transaction ID : SB17.4605

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2223.18

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Opinion Strategies

Mailing Address 5726 Roanoke Trail

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		04		2013

City	State	Zip Code
Tallahassee	FL	32312

Amount of Each Disbursement this Period

629.29

Purpose of Disbursement
Expense Reimbursement

001

Transaction ID : SB17.4439

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

B. Hertz

Mailing Address 3204 W Tennessee St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2013

City	State	Zip Code
Tallahassee	FL	32301

Amount of Each Disbursement this Period

167.58

Purpose of Disbursement
Car RentalCategory/
Type

Transaction ID : SB17.4439.0

[MEMO ITEM]

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

C. CAROL PLATT

Mailing Address PO BOX 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2013

City	State	Zip Code
ST CLOUD	FL	34772

Amount of Each Disbursement this Period

260.00

Purpose of Disbursement
In-kind - Office Supplies

001

Transaction ID : SB17.4703

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

629.29

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAROL PLATT

Mailing Address PO BOX 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2013

City	State	Zip Code
ST CLOUD	FL	34772

Purpose of Disbursement
In-kind - Airfare/Lodging

Amount of Each Disbursement this Period

707.61

Transaction ID : SB17.4460

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

B. CAROL PLATT

Mailing Address PO BOX 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2013

City	State	Zip Code
ST CLOUD	FL	34772

Purpose of Disbursement
In-kind - Parking

Amount of Each Disbursement this Period

34.00

Transaction ID : SB17.4503

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

C. CAROL PLATT

Mailing Address PO BOX 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2013

City	State	Zip Code
ST CLOUD	FL	34772

Purpose of Disbursement
In-kind - Office Supplies

Amount of Each Disbursement this Period

629.19

Transaction ID : SB17.4539

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1370.80

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAROL PLATT

Mailing Address PO BOX 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

City	State	Zip Code
ST CLOUD	FL	34772

Purpose of Disbursement
In-kind - Food and Beverage

Amount of Each Disbursement this Period

657.68

Transaction ID : SB17.4616

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

B. CAROL PLATT

Mailing Address PO BOX 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2013

City	State	Zip Code
ST CLOUD	FL	34772

Purpose of Disbursement
In-kind - Office Supplies

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4705

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

C. CAROL PLATT

Mailing Address PO BOX 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2013

City	State	Zip Code
ST CLOUD	FL	34772

Purpose of Disbursement
In-kind - Office Rent

Amount of Each Disbursement this Period

1107.00

Transaction ID : SB17.7087

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1964.68

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAROL PLATT

Mailing Address PO BOX 172

City	State	Zip Code
ST CLOUD	FL	34772

Purpose of Disbursement
In-kind - Lodging

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 09

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 01 / 2013

Amount of Each Disbursement this Period

297.81

Transaction ID : SB17.7089

B. CAROL PLATT

Mailing Address PO BOX 172

City	State	Zip Code
ST CLOUD	FL	34772

Purpose of Disbursement
In-kind - Event Registration

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 09

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 09 / 2013

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.4701

C. CAROL PLATT

Mailing Address PO BOX 172

City	State	Zip Code
ST CLOUD	FL	34772

Purpose of Disbursement
In-kind - Airfare

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 09

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 18 / 2013

Amount of Each Disbursement this Period

1737.53

Transaction ID : SB17.7083

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2375.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. The Prosper GroupMailing Address 435 East Main Street
Ste 250

City Greenwood State IN Zip Code 46143

Purpose of Disbursement
Website/E-mails

001

Category/
Type

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2013

Amount of Each Disbursement this Period

290.00

Transaction ID : SB17.4416

B. The Prosper GroupMailing Address 435 East Main Street
Ste 250

City Greenwood State IN Zip Code 46143

Purpose of Disbursement
Website/E-mails

001

Category/
Type

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

Amount of Each Disbursement this Period

677.18

Transaction ID : SB17.4458

c. The Prosper GroupMailing Address 435 East Main Street
Ste 250

City Greenwood State IN Zip Code 46143

Purpose of Disbursement
Website

001

Category/
Type

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		18		2013

Amount of Each Disbursement this Period

1510.06

Transaction ID : SB17.4607

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2477.24

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. The Prosper GroupMailing Address 435 East Main Street
Ste 250

City Greenwood State IN Zip Code 46143

Purpose of Disbursement
Website

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2013

Amount of Each Disbursement this Period

922.31

Transaction ID : SB17.4665

B. TransactMailing Address 190 Monroe Avenue NW
Ste 500

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

Amount of Each Disbursement this Period

9.00

Transaction ID : SB17.4455

c. TransactMailing Address 190 Monroe Avenue NW
Ste 500

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

Amount of Each Disbursement this Period

42.76

Transaction ID : SB17.4540

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

974.07

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TransactMailing Address 190 Monroe Avenue NW
Ste 500City State Zip Code
Grand Rapids MI 49503Purpose of Disbursement
Credit Card Fees

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

Amount of Each Disbursement this Period

3.36

Transaction ID : SB17.4675

B. TransactMailing Address 190 Monroe Avenue NW
Ste 500City State Zip Code
Grand Rapids MI 49503Purpose of Disbursement
Credit Card Fees

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2013

Amount of Each Disbursement this Period

2.24

Transaction ID : SB17.4708

c. TransactMailing Address 190 Monroe Avenue NW
Ste 500City State Zip Code
Grand Rapids MI 49503Purpose of Disbursement
Credit Card Fees

Candidate Name

CAROL PLATT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

43.16

Transaction ID : SB17.4728

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

48.76

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. United States Post Office

Mailing Address 7595 Currell Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2013

City	State	Zip Code
Woodbury	MN	55125

Amount of Each Disbursement this Period

700.00

Purpose of Disbursement
Post Office Box

001

Transaction ID : SB17.4737

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

B. Webelect

Mailing Address 1256 Vinetree Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

City	State	Zip Code
Brandon	FL	33510

Amount of Each Disbursement this Period

540.00

Purpose of Disbursement
Campaign Data Services

001

Transaction ID : SB17.4541

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

c. Webelect

Mailing Address 1256 Vinetree Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2013

City	State	Zip Code
Brandon	FL	33510

Amount of Each Disbursement this Period

270.00

Purpose of Disbursement
Campaign Data Services

001

Transaction ID : SB17.4710

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1510.00

41685.77

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 41

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAROL PLATT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Rhonda Martin

Mailing Address 220 Ruby Lake Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

City	State	Zip Code
Winter Haven	FL	33884

Purpose of Disbursement
Contribution Refund

001

Amount of Each Disbursement this Period

250.00

Transaction ID : SB20A.7076

Candidate Name

CAROL PLATT FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

250.00